A	CORD CERTI	FICATE OF	LIABILITY	INSUR	ANCE	DATE (MM/DD/YY) 1/07/04
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	220 Lexington Green Circle			COMPANIE	S AFFORDING COVER.	AGE
	Lexington KY 40503-3311		COMPANY			
	(859) 273-6600		A Bit	uminous Casualt	y Corp.	
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	Shelton Construction Co., In	с.	В ку	Associated Ganl	Contr SIF	
	P. O. Box 29		COMPANY			
	Williamsburg, KV 40769		C			
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co	HISIS TO CERTIFY THAT THE POL NDICATED, NOTWITHSTANDING CERTIFICATE MAY BE ISSUED OR EXCLUSIONS AND CONDITIONS	ANYREQUIREMENT, TERMORCO MAY PERTAIN, THE INSURANCE	ONDITIONOF ANY CONTI AFFORDED BY THE POL DWN MAY HAVE BEEN F POLICY EFFECTIVE	RACTONOTHERD LICIES DESCRIBED REDUCED BY PAID POLICY EXPIRATION	OCUMENT WITHRESPECT TO CLAIMS.	OTTO WHICH THIS DALL THE TERMS,
LTR	THE ST INSUMANSE	, 02.01.100.002.1	DATE (MM/DD/YY)	DATE (MM/DD/YY)	2	
A	GENERAL LIABILITY	CLP3156602B	12/19/03	12/19/04	GENERAL AGGREGATE	\$ 2,000,000
Ì	X COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$ 2,000,000
	CLAIMS MADE X OCCUR				PERSONAL & ADV INJURY	\$ 1,000,000
1	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000
1					FIRE DAMAGE (Any one fire)	
1					MED EXP (Any one person)	
	AUTOMOBILE LIABILITY	CAP3 15660 1B	12/19/03	12/19/04	COMBINED SINGLE LIMIT	3 1,000,000
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	s
	HIPED AUTOS				BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
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	OTUA YAA				OTHER THAN AUTO ONLY:	
1					EACH ACCIDENT	3
					AGGREGATE	\$
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	7451	1/01/04	12/31/04	X WC STATU- OTH-	
	THE PROPRIETOR/				EL EACH ACCIDENT	\$ 500,000
1	PARTNERS/EXECUTIVE INCL				EL DISEASE POLICY LIMIT	
	DEFICERS ARE: EXCL				EL DISEASE EN EMPLOYEE	\$ 500,000
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Hork	rs Compensation operations in	Kentucky				
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J1			1		CRIBED POLICIES BE CANCE	LLED BEFORE THE
	Cumberland Valley RECC		EXPIRATION D	ATE THEREOF, THE	ISSUING COMPANY WILL E	NDEAVOR TO MAIL
	Attn: Wayne Bryant		10 DAYS	WRITTEN NOTICE TO	THE CERTIFICATE HOLDER N	AMED TO THE LEFT,
	Hwy 25 East			1 1	E SHALL IMPOSE NO OBLIGA	
	Gray, KY 40731		OF ANY KIN		APANY, ITS AGENTS OR	REPRESENTATIVES.
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	ODUCER		THIS CERT	IFICATE IS ISS	UED AS A MATTER C NO RIGHTS UPON TI	F IN	FORMATION	
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	Shelton Construction Co., In	с.	В ку	Associated Genl	Contr SIF		· · · · · · · · · · · · · · · · · · ·	
	P. O. Box 29		COMPANY					
	Williamsburg, KY 40769		С					
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	THISIS TO CERTIFY THAT THE POL INDICATED, NOTWITHS TANDING CERTIFICATE MAY BE ISSUED OR EXCLUSIONS AND CONDITIONS	ANYREQUIREMENT, TERMORCO MAY PERTAIN, THE INSURANCE OF SUCH POLICIES, LIMITS SHO	NDITIONOFANYCONTE AFFORDED BY THE POL DWN MAY HAVE BEEN F	RACTOROTHERE	COCUMENT WITHRESPECT TO CLAIMS.	OTT	WHICHTHIS	
TR	TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	t ingl	rs		
A	GENERAL LIABILITY	CLP3156602B	12/19/03	12/19/04	GENERAL AGGREGATE	\$	2,000,000	
	X COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$	2,000,000	
	CLAIMS MADE X OCCUR				PERSONAL & ADV INJURY	\$	1,000,000	
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$	1,000,000	
					FIRE DAMAGE (Any one fire)		100,000	
	AUTOMOBILE LIABILITY	CAP3156601B	12/19/03	12/19/04	MED EXP (Any one person)	\$	5,000	
	X ANY AUTO	CAPS (SOOD IS	127 19703	127 19704	COMBINED SINGLE LIMIT	s	1,000,000	
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$		
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	s		
					PROPERTY DAMAGE	\$		
	GARAGE LIABILITY	***************************************			AUTO ONLY - EA ACCIDENT	\$		
ļ	ANY AUTO				OTHER THAN AUTO ONLY:			
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<u> </u>	EXCESS LIABILITY	/1171			AGGREGATE EACH OCCURRENCE			
	UMBRELLA FORM				AGGREGATE	\$		
	OTHER THAN UMBRELLA FORM					\$	· · · · · · · · · · · · · · · · · · ·	
T	WORKERS COMPENSATION AND	7451	1/01/04	12/31/04	X WC STATU- OTH-			
	EMPLOYERS' LIABILITY				EL EACH ACCIDENT	\$	500,000	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE INCL				EL DISEASE-POLICY LIMIT	\$	500,000	
	OFFICERS ARE: EXCL				EL DISEASE-EA EMPLOYEE	\$	500,000	
	OTHER CRIPTION OF OPERATIONS/LOCATIONS/ ers Compensation operations in							
	RTIFICATE HOLDER		CANCELLATIO)N			William de d	
E	Cumberland Valley RECC		J		CRIBED POLICIES BE CANCE ISSUING COMPANY WILL E			
E	comportant variety nece	Attn: Wayne Bryant		10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,				
E	•		10 DAYS	WRITTEN NOTICE TO	THE CERTIFICATE HOLDER N	AMED	TO THE LEFT,	

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	Acordia of Kentucky-Lex		ONLY AN	ID CONFERS I	NO RIGHTS UPON T	HE C	ERTIFICATE
	Lexington Green Two, Suite 4	110	HOLDER.	THIS CERTIFICA	ATE DOES NOT AME AFFORDED BY THE P	ND, E	XTEND OR
	220 Lexington Green Circle		ALIER III		S AFFORDING COVER		S BELUW.
	Lexington KY 40503-3311		COMPANY	COMPANIE	3 AFFORDING COVER	AGE	
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IN	SURED		COMPANY			-	·
	Shelton Construction Co., In	C.	4	Associated Gen	Contr STF		
	P. O. Box 29		COMPANY	Hadaaraa aan			
	Williamsburg, KY 40769		C				
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co			POLICY EFFECTIVE	POLICY EXPIRATION	·		
LTR	TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	Limi	TS	
A	GENERAL LIABILITY	CLP3156602B	12/19/03	12/19/04	GENERAL AGGREGATE	\$	2.000.000
	COMMERCIAL GENERAL LIABILITY	014444ED	12712700	ILI IJI VT	PRODUCTS-COMP/OP_AGG	S	2,000,000
	CLAIMS MADE X OCCUR				PERSONAL & ADV INJURY	\$	1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH CCCUPPENCE	3	1,000,000
					FIRE DAMAGE (Any one fire)	s	100,000
						3	5.000
A	AUTOMOBILE LIABILITY	CAP3156601R	12/19/03	12/19/04		 	3,000
••	Y ANY AUTO	5m 0100001E	12/19/03	12/13/07	COMBINED SINGLE LIMIT	3	1,000,000
	AUL CWNED AUTOS				BODILY INJURY	 	1,000,000
	SCHEDULED AUTOS				(Per person)	\$	
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	NON-OWNED AUTOS				Per accident)	S	İ
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В	WORKERS COMPENSATION AND	7451	1/01/04	12/31/04	WC STATU- CHAIRS SER		
	EMPLOYERS' LIABILITY				EL EACH ACCIDENT	3	500.000
	PARINERS/EXECUTIVE INCL				EL DISEASE-POLICY LIMIT	\$	500.000
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DES	CRIPTION OF OPERATIONS/LOCATIONS/V	EHICLES/SPECIAL ITEMS					
lork	ers Compensation operations in	Kentucky					j
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CE	RTIFICATE HOLDER	en de la composition br>La composition de la	CANCELLATIC)N''''			
			SHOULD ANY	OF THE ABOVE DES	CRIBED POLICIES BE CANCI	STTED B	EFORE THE
	Cumberland Valley RECC		EXPIRATION D	ATE THEREOF, THE	ISSUING COMPANY WILL E	NDEAVO	R TO MAIL
	Attn: Wayne Bryant		10 DAYS	WRITTEN NOTICE TO	THE CERTIFICATE HOLDER N	AMED T	O THE LEFT,
	Hwy 25 East		BUT FAILURE	TO MAIL SUCH NOTIC	E SHALL IMPOSE NO OBLIG	ATION O	R LIABILITY
	Gray, KY 40731				APANY, ITS AGENTS OR	REPRES	ENTATIVES.
			AUTHORIZED REP	RESENTATIVE			
		and the second s	1		Fred D. Ortl	nneyer	
AC(ORD 25-S (1/95)			to the first of the second of	ACORD CO		ATION 1988

CERTIFICATE: 007/001/ 00002

PRODUCER Acordia of Kentucky-Lex Lexington Green Two, Suite 410		ONLY AN HOLDER.	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.						
220 Lexington Green Circle				S AFFORDING COVER					
Lexington KY 40503-3311		COMPANY							
(859) 273-6600		A Bit	tuminous Casualt	y Corp.					
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TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	i i i i i i i i i i i i i i i i i i i	rs				
GENERAL LIABILITY	CLP3156602B	12/19/03	12/19/04	GENERAL AGGREGATE	3	2,000,000			
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CLAIMS MADE X OCCUP				PERSONAL & ADV INJURY	s	1,000,000			
OWNER'S & CONTRACTOR'S PRO1				EACH OCCURRENCE	s	1,000,000			
OWNER'S & CONTRACTOR'S PROT				FIRE DAMAGE (Any one fire)	 	100,000			
				MED EXP (Any one person)	s	5,000			
AUTOMOBILE LIABILITY X ANY AUTO	CAP3 15660 1B	12/19/03	12/19/04	COMBINED SINGLE LIMIT	\$	1,000,000			
ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	s				
HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	s				
				PROPERTY DAMAGE	s				
GARAGE LIABILITY		1		AUTO ONLY - EA ACCIDENT	\$				
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WORKERS COMPENSATION AND	7451	1/01/03	12/31/03	X WC STATU- OTH-					
EMPLOYERS' LIABILITY				EL EACH ACCIDENT	\$	500,000			
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PARTNERS/EXECUTIVE EXCL				EL DISEASE-EA EMPLOYEE	\$	500,000			
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	ACORD CERTI	FICATE OF	LIABILITY	INSUR	ANCE	33	ATE (MM/DD/YY)
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INS	(859) 273-6600 SURED			uminous Casualt	y Corp.		
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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	T	rs	
A	GENERAL LIABILITY	CLP3156602B	12/19/02	12/19/03	GENERAL AGGREGATE	\$	2,000,000
^	X COMMERCIAL GENERAL LIABILITY	JEI 3 1300028	12/13/02	12, 13,03	PRODUCTS-COMP/OP AGG	\$	2,000,000
	CLAIMS MADE X OCCUR				PERSONAL & ADV INJURY	3	1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$	1,000,000
	OWNER'S & CONTRACTOR'S PROT				FIRE DAMAGE (Any one fire)	ļ	
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			40.40.40	40.45.100	MED EXP (Any one person)	\$	5,000
A	AUTOMOBILE LIABILITY X ANY AUTO	CAP3 15660 1B	12/19/02	12/19/03	COMBINED SINGLE LIMIT	\$	1,000,000
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	HIRED AUTOS				BODILY INJURY	s	
	NON-OWNED AUTOS				(Per accident)	,	
					PROPERTY DAMAGE	s	
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ļ	UMBRELLA FORM				AGGREGATE	\$	
	OTHER THAN UMBRELLA FORM					\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	7451	1/01/03	12/31/03	X WC STATU- OTH-		
	THE PROPRIETOR/				EL EACH ACCIDENT	\$	500,000
	PARTNERS/EXECUTIVE INCL				EL DISEASE-POLICY LIMIT		500,000
	OFFICERS ARE: EXCL				EL DISEASE-EA EMPLOYEE	\$	500,000
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Nork	CRIPTION OF OPERATIONS/LOCATIONS/		CANCELLATIO	A real or how or how you will be an all the second	CRIBED POLICIES BE CANC	ELLED	BEFORE THE
	Cumberland Valley RECC		1		ISSUING COMPANY WILL E		
	Hwy 25 East		1		THE CERTIFICATE HOLDER N		
	Gray, KY 40731		BUT FAILURE	TO MAIL SUCH NOTIC	CE SHALL IMPOSE NO OBLIG MPANY, ITS AGENTS OR	ATION	OR LIABILITY
			AUTHORIZED REP		III AGENTS ON		CENTALIVES.
	1				Fred D. Ortho	neyer	
AC	ORD 25-S (1/95)				© ACORD CO	RPOF	IATION 1988

CERTIFICATE: 007/001/ 00002

	4 <i>cord</i> Certi	FICATE OF I	IABILITY	INSUR	ANCE	D/	3/12/03			
PR	ODUCER Acordia of Kentucky-Lex		ONLY AN	D CONFERS N	UED AS A MATTER O	HE C	ERTIFICATE			
	Lexington Green Two, Suite 4	10			TE DOES NOT AME					
	220 Lexington Green Circle				S AFFORDING COVER					
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	(859) 273-6600		A Bi	A Bituminous Casualty Corp.						
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	Shelton Construction Co., In	С.	· · · · · · · · · · · · · · · · · · ·	Associated Genl	Contr SIF					
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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMF	TS				
A	GENERAL LIABILITY	CLP3156602B	12/19/02	12/19/03	GENERAL AGGREGATE	\$	2,000,000			
	X COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$	2,000,000			
	CLAIMS MADE X OCCUR				PERSONAL & ADV INJURY	3	1,000,000			
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$	1,000,000			
					FIRE DAMAGE (Any one fire) MED EXP (Any one person)	\$	100,000			
A	AUTOMOBILE LIABLITY X ANY AUTO	CAP3156601B	12/19/02	12/19/03	COMBINED SINGLE LIMIT	s	5,000 1,000,000			
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	1,000,000			
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	s				
					PROPERTY DAMAGE	\$				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$				
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B	EMPLOYERS' LIABILITY	7401	1701700	12/31/03	EL EACH ACCIDENT	\$	500.000			
	THE PROPRIETOR/ INCL				EL DISEASE-POLICY LIMIT	s	500,000			
	PARTNERS/EXECUTIVE OFFICERS ARE: EXCL				EL DISEASE-EA EMPLOYEE	\$	500.000			
	OTHER									
Jork	ers Compensation operations in TIFICATE HOLDER: SEE SEE Cumberland Valley RECC Huy 25 East Gray, KY 40731	Kentucky	EXPIRATION D 10 DAYS BUT FAILURE 1	OF THE ABOVE DES MATE THEREOF, THE WRITTEN NOTICE TO TO MAIL SUCH NOTICE	CRIBED POLICIES BE CANCE ISSUING COMPANY WILL E THE CERTIFICATE HOLDER N IE SHALL IMPOSE NO OBLIGA IPANY, ITS AGENTS OR	ELLED ATION	BEFORE THE OR TO MAIL TO THE LEFT, OR LIABILITY			
100) 080 25:5 (1/95)		AUTHORIZED REPI	REGENTATIVE	Fred D. Orth	neyer	ATION 1988			

CERTIFICATE: 007/001/ 00002

Fax Cover Sheet

From Contact Name: Trish Goff

From Company Name: Acordia of Kentucky-Lex

To Contact Name : Ted Hampton

To Company : Cumberland Valley RECC

Fax Telephone # : 16065232698

Comments:

Per your request, please find the certificate of insurance for Shelton Construction. I will forward the original to your attention today.

Should you have any questions, please advise.

P.O. Box 440 Gray, Kentucky 40734 **CUMBERLAND VALLEY ELECTRIC**

Telephone: (606) 528-2677

(606) 546-9295 (606) 589-4421

FAX: (606) 528-8458

P.O. Box C Cumberland, Kentucky, 40823

December 9, 2002

Shelton Construction Company Eskridge Shelton P O Box 29 Williamsburg, KY 40769

Dear Mr. Shelton:

At Cumberland Valley Electric's November 2002 board meeting, you were the successful bidder on line construction for the years of 2003-2004. You will find enclosed an original and two (2) copies of the contract and Hold Harmless Agreement for your execution. Please return the original and one (1) copy of the contract and Hold Harmless Agreement to me and retain one (1) copy for your files

Should work become extremely slow in 2003-2004, you are subject to get laid off due to lack of work...

Sincerely,

BACORD CORPORATION 1988

01/00/2004 12:00 PAA 000002010 MOUNTS	II. TALLET INS	± 00 T \ 0 Ω T
ACORD CERTIFICATE OF LIABIL	ITY INSURANCE	01/08/2004
PRODUCER (606)878-0100 FAX (606)878-2618 Mountian Valley Insurance - London 818 South Main Street London, KY 40741	THIS CERTIFICATE IS ISSUED AS A MATTER OF ONLY AND CONFERS NO RIGHTS UPON THE CE HOLDER. THIS CERTIFICATE DOES NOT AMEND ALTER THE COVERAGE AFFORDED BY THE POINSURERS AFFORDING COVERAGE	INFORMATION ERTIFICATE D, EXTEND OR
INSURED Lay Tree & Brush Co. , Inc.	INSURER A: Travelers	
Po Box 1415	INSURER B: Kesa	
Barbourville, KY 40906	INSURER C:	
	INSURER D:	
	INSURER E:	
COVERAGES		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	<u> </u>	
118	GENERAL LIABILITY	I660477X690501		12/21/2004	EACH OCCURRENCE	S	1,000,000
	X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (En occurance)	\$	100,000
	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$	5,000
A					PERSONAL & ADV INJURY	\$	1,000,000
^					GENERAL AGGREGATE	\$	2,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OF AGG	\$	2,000,000
	POLICY PRO LOC						
	AUTOMOBILE LIABILITY X ANY AUTO	810834D437A	12/21/2003	12/21/2004	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	5	
A	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per acadent)	\$	
	NOIN-CONNECT ACTOS				PROPERTY DAMAGE (Per accident)	\$	
<u> </u>					AUTO ONLY - EA ACCIDENT	S	
	GARAGE LIABILITY				OTHER THAN EA ACC	\$	
	ANY AUTO				AUTO ONLY: AGG	5	
-	EXCESS/UMBRELLA LIABILITY	ISFCUP830D073A	12/21/2003	12/21/2004	EACH OCCURRENCE	\$	1,000,000
Ì	OCCUR CLAIMS MADE		, ,		AGGREGATE	\$	1,000,000
	L Cours and)		\$	
A	DEDUCTBLE					\$	
l	RETENTION \$					\$	
-	WORKERS COMPENSATION AND	2349	09/01/2003	09/01/2004	WC STATU- OTH-		
	EMPLOYERS' LIABILITY				E.L. EACH ACCIDENT	3	2,000,000
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	5	2,000,000
Ì	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	5	2,000,000
	OTHER						
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / E	EXCLUSIONS ADDED BY ENDORGE	ENT / SPECIAL PROV	BIONS			
1							

DESTINATE UNI DED	CANCELLATION
CERTIFICATE HOLDER	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
	EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL
	30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,
Cumberland Valley Electric	BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY
US 25 E PO Box 440	OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
Gray, KY 40734	AUTHORIZED REPRESENTATIVE
diay, iii ioio	Minton

LAY TREE & BRUSH COMPANY, INC.

U.S. 25E

BAILEY SWITCH, KENTUCKY 40905

Owner: Kenneth Lay

Phone 606-546-8725

Forming part of the general agreement between CUMBERLAND VALLEY ELECTRIC, INC., AND LAY TREE AND BRUSH, INC.

LABOR, MATERIAL & EQUIPMENT RATES

EFFECTIVE: January 1, 2003
EXPIRES: December 31, 2004

REGULAR BILLING RATE: Covers (40) hour work week (four 10 hour days) with privilege of making lost time by extending the work week or work day to include Saturdays.

OVERTIME BILLING RATE: 1 1/2 OF REGULAR RATE WHEN AUTHORIZED

PERSONNEL:	2003 Per Hour Billing	2004 Per Hour Billing
FOREMAN	\$17.51	\$18.04
TRIHHER	\$17.00	\$17.50
LABOR	\$ 9.37	\$ 9.75
GENERAL FOREMAN	\$15.97	\$16.25
EQUIPMENT	PER CREW HOUR	PER CREW HOUR
POWER SAW	\$.90	\$.90
TRUCK 3/4 TOI1 4X4	\$ 6.75	\$ 6.75
CHIP DUMP TRUCK	\$ 2.15	\$ 2.15
BRUSH CUTTER	\$ 1.35	\$ 1.35

APPROVED:

SUBMITTED:

CUMBERLAND VALLEY ELECTRIC, INC.

LAY TREE AND BRUSH, INC.

BY: Pay Dan

BY: (Printly Tar

DATE 11-14-2002

DATE 11 - 12 - 67

HOLD HARMLESS AGREEMENT BETWEEN CUMBERLAND VALLEY ELECTRIC, INC AND LAY TREE AND BRUSH COMPANY

Lay Tree & Brush Company agrees to defend, pay on behalf of and hold harmless Cumberland Valley Electric, INC. and its directors, officers, agents, and employees from all claims of whatsoever nature or kind, including those brought by employees of Lay Tree & Brush Company, or subcontractors, arising out of or as a result of any act or failure to act whether or not negligent, in connection with the performance of the work to be performed pursuant to this contract by Lay Tree & Brush Company, its employees, agents and subcontractors. Lay Tree & Brush Company agrees to defend and pay all costs in defending these claims, including attorney fees.

Further, Lay Tree & Brush Company agrees to maintain public liability and property damage insurance (including automobile public liability and property damage insurance) to cover the obligations set forth above. The minimum insurance limits of liability shall be \$5,000,000 bodily injury and property damage. Cumberland Valley Electric, INC. shall receive a minimum 30 day notice in the event of cancellation of insurance required by this agreement. Lay Tree & Brush Company shall furnish a certificate of insurance to Cumberland Valley Electric, INC. showing that the above obligations and requirements are provided for by a qualified insurance carrier, and showing Cumberland Valley Electric, INC. as an additional insured on such insurance.

LAY TREE & BRUSH COMPANY

CUMBERLAND VALLEY ELECTRIC, INC.

ay Baild

BY: Henreth Flag

DATE: 11-14-2002

FO Box 440

Gray, Kentucky 40734

CUMBERLAND VALLEY ELECTRIC

Telephone: (606) 528-2677

(606) 546-9295 (606) 589-4421

FAX: (606) 528-8458

P.O. Box C Cumberland, Kentucky, 40823

December 9, 2002

Lay Tree & Brush Co., Inc. Kenneth Lay P O Box 1415 Barbourville, KY 40906

Dear Mr. Lay:

At Cumberland Valley Electric's November 2002 board meeting, you were the successful bidder on right-of-way for the years of 2003-2004. You will find enclosed an original and two (2) copies of the contract and Hold Harmless Agreement for your execution. Please return the original and one (1) copy of the contract and Hold Harmless Agreement to me and retain one (1) copy for your files

Should work become extremely slow in 2003-2004, you are subject to get laid off due to lack of work.

Sincerely,

LAY TREE & BRUSH COMPANY, INC.

U.S. 25E

BAILEY SWITCH, KENTUCKY 40905

Owner: Kenneth Lay

Phone 606-546-8725

Forming part of the general agreement between CUMBERLAND VALLEY ELECTRIC, INC., AND LAY TREE AND BRUSH, INC.

LABOR, MATERIAL & EQUIPMENT RATES

EFFECTIVE: January 1, 2003 **EXPIRES:** December 31, 2004

REGULAR BILLING RATE: Covers (40) hour work week (four 10 hour days) with privilege of making lost time by extending the work week or work day to include Saturdays.

OVERTIME BILLING RATE: 1 1/2 OF REGULAR RATE WHEN AUTHORIZED

PERSONNEL:	2003 Per Hour Billing	2004 Per Hour Billing
FOREMAN	\$17.51	\$18.04
TRIMMER	\$17.00	\$17.50
LABOR	\$ 9.37	\$ 9.75
GENERAL FOREMAN	\$15.97	\$16.25
EQUIPMENT	PER CREW HOUR	PER CREW HOUR
POWER SAW	\$.90	\$.90
TRUCK 3/4 TON 4X4	\$ 6.75	\$ 6.75
CHIP DUMP TRUCK	\$ 2.15	\$ 2.15
BRUSH CUTTER	\$ 1.35	\$ 1.35

AΡ	Ρ	R	o	V	E	D	:

SUBMITTED:

CUMBERMAND VALLEY ELECTRIC, INC.

DATE 11-14-2002

LAY TREE AND BRUSH, INC.

DATE 11 - 12 - 57

HOLD HARMLESS AGREEMENT BETWEEN CUMBERLAND VALLEY ELECTRIC, INC AND LAY TREE AND BRUSH COMPANY

Lay Tree & Brush Company agrees to defend, pay on behalf of and hold harmless Cumberland Valley Electric, INC. and its directors, officers, agents, and employees from all claims of whatsoever nature or kind, including those brought by employees of Lay Tree & Brush Company, or subcontractors, arising out of or as a result of any act or failure to act whether or not negligent, in connection with the performance of the work to be performed pursuant to this contract by Lay Tree & Brush Company, its employees, agents and subcontractors. Lay Tree & Brush Company agrees to defend and pay all costs in defending these claims, including attorney fees.

Further, Lay Tree & Brush Company agrees to maintain public liability and property damage insurance (including automobile public liability and property damage insurance) to cover the obligations set forth above. The minimum insurance limits of liability shall be \$5,000,000 bodily injury and property damage. Cumberland Valley Electric, INC. shall receive a minimum 30 day notice in the event of cancellation of insurance required by this agreement. Lay Tree & Brush Company shall furnish a certificate of insurance to Cumberland Valley Electric, INC. showing that the above obligations and requirements are provided for by a qualified insurance carrier, and showing Cumberland Valley Electric, INC. as an additional insured on such insurance.

LAY TREE & BRUSH COMPANY

CUMBERLAND VALLEY ELECTRIC, INC.

DATE: 11-14-2002

<u> </u>	ACORD CERTII	FICATE OF LIABII	LITY INS	URANCE	프로마스를 취임하다 (1) 프로그램 기타를 보고 있다.	09/24/01			
PROI MC	DUCER DUNTAIN VALLEY INS	SURANCE AGENCY	THIS CER ONLY AN HOLDER.	TIFICATE IS ISS D CONFERS N THIS CERTIFICA	UED AS A MATTER C O RIGHTS UPON TH ATE DOES NOT AME	F INFORMATION HE CERTIFICATE ND, EXTEND OR			
81	.8 South Main Stre	eet	ALTER TH	ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. COMPANIES AFFORDING COVERAGE					
LC	ONDON	KY 40741-	COMPANY	COMPANIES	ALI OLDING COVERIA				
(6	06) 878-0100		A Tra	velers					
INSU		Tna	COMPANY B KES	^					
	ay Tree & Brush Co) Box 1415	o., inc.	COMPANY	-7					
Ε.) DOY 1413		C						
	arbourville 506) 546-5434	KY 40906-	COMPANY D						
CO	/ERAGES								
	INDICATED, NOTWITHSTANDING A	LICIES OF INSURANCE LISTED BELOW NY REQUIREMENT, TERM OR CONDITION MAY PERTAIN. THE INSURANCE AFFO SUCH POLICIES. LIMITS SHOWN MAY	ON OF ANY CONTF ORDED BY THE PO	RACT OR OTHER D LICIES DESCRIBED	OCUMENT WITH RESPEC HEREIN IS SUBJECT TO	TOWHICH THIS T			
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM DD YY)	POLICY EXPIRATION DATE (MM, DD 'YY)	LIMIT				
A	GENERAL LIABILITY		70/01/00	10/07/07	GENERAL AGGREGATE	s2,000,000			
	X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR	1660477X6905	12/21/00	12/21/01	PRODUCTS - COMP/OP AGG PERSONAL & ADV INJURY	\$1,000,000			
	OWNERS & CONTRACTORS PROT				EACH OCCURRENCE	s1,000,000			
	OWNER & CONTROL OF A CONTROL OF				FIRE DAMAGE (Any one fire)	s100,000			
					MED EXP (Any one person)	\$5,000			
A	AUTOMOBILE LIABILITY X ANY AUTO	 I810834D437A	12/21/00	12/21/01	COMBINED SINGLE LIMIT	\$1,000,000			
	ALL OWNED AUTOS SCHEDULED AUTOS		: : : : : :		BODILY INJURY (Per person)	\$			
	HIRED AUTOS				BODILY INJURY (Per accident)	s			
			The second secon		PROPERTY DAMAGE	s			
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	s			
	X ANY AUTO		/ /	/ /	OTHER THAN AUTO ONLY:				
			[!	EACH ACCIDENT AGGREGATE				
-					EACH OCCURRENCE	s1,000,000			
Α	X UMBRELLA FORM	CUP830D073	12/21/00	12/21/01	AGGREGATE	s1,000,000			
	OTHER THAN UMBRELLA FORM				retained	s10,000			
В	WORKERS COMPENSATION AND				X WC STATU- OTH-				
	EMPLOYERS' LIABILITY	2349	09/01/01	09/01/02	EL EACH ACCIDENT	s2,000,000			
	THE PROPRIETOR/ PARTNERS/EXECUTIVE INCL				EL DISEASE - POLICY LIMIT EL DISEASE - EA EMPLOYEE	s2,000,000			
	OFFICERS ARE: X EXCL		1		EL DISEASE - EN EMPLOTLE	192,000,000			
			SERVICE THE PROPERTY OF THE PR						
DESC	RIPTION OF OPERATIONS/LOCATIONS/V	EUIOTES/25ECIAT HEM2							
CEF	TIFICATE HOLDER		SHOULD AN'	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.					
CU	MBERLAND VALLEY I	ELECTRIC	}		TICE SHALL IMPOSE NO OBLI	1			
	3 25 E.			OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.					
GF	AY KY 40734		AUTHORIZED REPRESENTATIVE						

ACORD 25-S (1/95)

© ACORD CORPORATION 1988

1	CERTI	FICATE OF LIABI	LITY INS	URANCI	E 11/27/02			
	UNTAIN VALLEY INS		ONLY AN HOLDER.	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR				
81	8 South Main Stre	eet	ALIEH IF	ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. COMPANIES AFFORDING COVERAGE				
	NDON	KY 40741-	COMPANY	_				
(6	06) 878-0100			velers				
	y Tree & Brush Co	o. , Inc.	B KES	A				
	Box 1415	,	COMPANY					
	rbourville 06) 546-5434	KY 40906-	COMPANY D					
COV	ERAGES							
11	IDICATED, NOTWITHSTANDING A	NY REQUIREMENT, TERM OR CONDITI	ON OF ANY CONTR DRDED BY THE PO	RACT OR OTHER D LICIES DESCRIBED	D NAMED ABOVE FOR THE POLICY PERIOD OCUMENT WITH RESPECT TO WHICH THIS DIEREIN IS SUBJECT TO ALL THE TERMS, MS.			
CO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
1	GENERAL LIABILITY		100/00/00	10/01/00	GENERAL AGGREGATE \$2,000,000			
	X COMMERCIAL GENERAL LIABILITY	1660477X6905	12/21/01	12/21/02	PRODUCTS - COMP/OP AGG \$2,000,000 PERSONAL & ADV INJURY \$1,000,000			
_	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$1,000,000			
!	OWNER'S & CONTRACTOR'S PROT				FIRE DAMAGE (Any one fire) \$100,000			
1					MED EXP (Any one person) \$5,000			
to the	AUTOMOBILE LIABILITY X ANY AUTO	I810834D437A	12/21/01	12/21/02	COMBINED SINGLE LIMIT \$1,000,000			
-	ALL OWNED AUTOS				BODILY INJURY (Per person)			
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i-	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)			
-	- NOISTONIALE ACTOS				PROPERTY DAMAGE S			
: (SARAGE LIABILITY				AUTO ONLY - EA ACCIDENT S			
	ANY AUTO		/ /	/ /	OTHER THAN AUTO ONLY:			
-					EACH ACCIDENT \$			
Ale	VOCCE LIABILITY				AGGREGATE S S1,000,000			
-	MERCESS LIABILITY UMBRELLA FORM	CUP830D073	12/21/01	12/21/02	AGGREGATE \$1,000,000			
-	OTHER THAN UMBRELLA FORM				retained \$10,000			
	VORKERS COMPENSATION AND				X WC STATU OTH-			
!	MPLOYERS' LIABILITY	2349	09/01/02	09/01/03	EL EACH ACCIDENT \$2,000,000			
F	HE PROPRIETOR/ PARTNERS/EXECUTIVE DEFICERS ARE: X EXCL				EL DISEASE - POLICY LIMIT \$2,000,000			
	OFFICERS ARE: X EXCL		1		EL BIOLINGE PER ENTRE 02 7 0 0 0 7 0 0 0			
DESCR	IPTION OF OPERATIONS/LOCATIONS/V	ENICLES/SPECIAL ITEMS	<u> </u>					
DESCI	I HOLO OF ELECTIONS/LOCKHOLO/	EMOLES/OF EGIAL IVENIO						
CERT	TFICATE HOLDER		CANCELLAT	Section to the subsection of the section of				
					SCRIBED POLICIES BE CANCELLED BEFORE THE E ISSUING COMPANY WILL ENDEAVOR TO MAIL			
CUI	MBERLAND VALLEY E	ELECTRIC			THE CERTIFICATE HOLDER NAMED TO THE LEFT,			
	25 E.		BUT FAILURE	TO MAIL SUCH NOT	ICE SHALL IMPOSE NO OBLIGATION OR LIABILITY			
	BOX 440				DMPANY, ITS AGENTS OR REPRESENTATIVES.			
GRA	AY KY 40734		AUTHORIZED RE		\-			
۸۵۵۱	RD 25-S (1/95)		the extension	ACORD CORPORATION 1988				
700	OnD 25-5 (1/93)							

<u> </u>								
: 4	ACORD CERTI	FICATE OF LIA	BILITY INS	URANC		DATE (MM/DD/YY) 12/05/02		
00	DUCER OUNTAIN VALLEY IN		ONLY AN HOLDER.	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR				
8.	18 South Main Str	eet	ALTER TH		AFFORDED BY THE P			
Τ.	ONDON	KY 40741-	001101111	COMPANIES	S AFFORDING COVER	AGE		
	506) 878-0100	() -	COMPANY A Tra	velers				
<u> </u>	IRED		COMPANY					
	ay Tree & Brush C	o. , Inc.	B KES	A				
P	D Box 1415		COMPANY					
ъ.		WW 4000C	С					
	arbourville 506) 546-5434	KY 40906-	COMPANY					
	VERAGES							
	THIS IS TO CERTIFY THAT THE PO INDICATED, NOTWITHSTANDING A CERTIFICATE MAY BE ISSUED OR EXCLUSIONS AND CONDITIONS O	LICIES OF INSURANCE LISTED BE NY REQUIREMENT, TERM OR COI MAY PERTAIN, THE INSURANCE	LOW HAVE BEEN ISSUE NDITION OF ANY CONTR AFFORDED BY THE PO	ED TO THE INSURE RACT OR OTHER D LICIES DESCRIBED	D NAMED ABOVE FOR TH POCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	E POLICY PERIOD T TO WHICH THIS		
CO LTR	TYPE OF INSURANCE	POLICY NUMBER		POLICY EXPIRATION DATE (MM/DD/YY)	I	TS		
A	GENERAL LIABILITY				GENERAL AGGREGATE	s2,000,000		
	X COMMERCIAL GENERAL LIABILITY	I660477X6905	12/21/02	12/21/03	PRODUCTS - COMP/OP AGG			
	CLAIMS MADE X OCCUR				PERSONAL & ADV INJURY	\$1,000,000		
	OWNER'S & CONTRACTOR'S PROT				FIRE DAMAGE (Any one fire)	s1,000,000 s100,000		
					MED EXP (Any one person)	\$5,000		
A	AUTOMOBILE LIABILITY X ANY AUTO	I810834D437A	12/21/02	12/21/03	COMBINED SINGLE LIMIT	\$1,000,000		
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	s		
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	s		
					PROPERTY DAMAGE	s		
	GARAGE LIABILITY				AUTO ONLY - EÀ ACCIDENT	s		
	X ANY AUTO		/ /	/ /	OTHER THAN AUTO ONLY:			
-					EACH ACCIDENT			
Δ	EXCESS LIABILITY				AGGREGATE EACH OCCURRENCE	\$1,000,000		
	X UMBRELLA FORM	CUP830D073	12/21/02	12/21/03	AGGREGATE	s1,000,000		
	OTHER THAN UMBRELLA FORM				retained	s10,000		
В	WORKERS COMPENSATION AND				X WC STATU- OTH-	and the second s		
	EMPLOYERS' LIABILITY	2349	09/01/02	09/01/03	EL EACH ACCIDENT	s2,000,000		
	THE PROPRIETOR/ PARTNERS/EXECUTIVE				EL DISEASE - POLICY LIMIT EL DISEASE - EA EMPLOYEE	\$2,000,000		
	OFFICERS ARE: X EXCL				EL DISEASE - EA EMPLOYEE	\$2,000,000		
l								
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)FP	TIFICATE HOLDER		CANCELLATI	ON S. S. S. S. S.	9 3 no vigita di 12 no 2 no 18 2 no.	Sagrill Brand Brandshir		
! 1	COLD STREET TO STREET S				SCRIBED POLICIES BE CANO			
			1		ISSUING COMPANY WILL I			
CU	MBERLAND VALLEY E	LECTRIC	30 DAYS	WRITTEN NOTICE TO	THE CERTIFICATE HOLDER N	AMED TO THE LEFT.		

ACORD 25-S (1/95)

PO BOX 440

GRAY KY 40734

US 25 E.

30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE /

© ACORD CORPORATION 1988

P.O. Box 440

Gray, Kentucky 40734

CUMBERLAND VALLEY ELECTRIC

Telephone: (606) 528-2677

(606) 546-9295 (606) 589-4421

FAX: (606) 528-8458

P.O. Box C Cumberland, Kentucky, 40823

December 9, 2002

Five C Construction Company Ronnie Corey 346 Turner Road Gray, KY 40734

Dear Mr. Corey:

At Cumberland Valley Electric's November 2002 board meeting, you were the successful bidder on line construction for the years of 2003-2004. You will find enclosed an original and two (2) copies of the contract and Hold Harmless Agreement for your execution. Please return the original and one (1) copy of the contract and Hold Harmless Agreement to me and retain one (1) copy for your files

Should work become extremely slow in 2003-2004, you are subject to get laid off due to lack of work...

Sincerely,

PO Box 440

Gray, Kentucky 40734

CUMBERLAND VALLEY ELECTRIC

Telephone: (606) 528-2677

(606) 546-9295 (606) 589-4421

FAX: (606) 528-8458

PO Box C Cumberland, Kentucky, 40823

December 9, 2002

Five C Construction Company Ronnie Corey 346 Turner Road Gray, KY 40734

Dear Mr. Corey:

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Should work become extremely slow in 2003-2004, you are subject to get laid off due to lack of work...

Sincerely,

Jex

DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE ACORD_ CSR CN FIVCC-2 11/13/03 PRODUCER THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR Neace Lukens - Bowling Green P.O. Box 51850 P.O ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

P.O. BOX 31030	7.0.0.0			
Bowling Green KY 42102-6850	WOUDEDO AFFORDING COVERAGE	NA10 #		
Phone: 270-781-8181 Fax: 270-781-3908	INSURERS AFFORDING COVERAGE	NAIC #		
INSURED	INSURER A: USF Insurance			
	INSURER B. Acuity	14184		
FIVE C CONSTRUCTION CO., INC. RONNIE COREY	INSURER C: Associated General C	ontractors		

INSURER D: INSURER E

346 TURNER ROAD GRAY KY 40734

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

	ADD'L INSRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
	GENERAL LIABILITY		•		EACH OCCURRENCE	\$ 1000000	
A	X COMMERCIAL GENERAL LIABILITY	TSR100150	09/13/03	09/13/04	DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 50000	
	CLAIMS MADE X OCCUR			i	MED EXP (Any one person)	\$	
			1	: 	PERSONAL & ADV INJURY	\$1000000	
					GENERAL AGGREGATE	\$ 2000000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2000000	
В	AUTOMOBILE LIABILITY X ANY AUTO	K21506	07/23/03	07/23/04	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000	
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
-	HIRED AUTOS NON-OWNED AUTOS			:	BODILY INJURY (Per accident)	s	
			<u> </u>		PROPERTY DAMAGE (Per accident)	s	
1	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	<u> </u>	
	ANY AUTO				OTHER THAN AUTO ONLY: AGG		
1	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	S	
1	OCCUR CLAIMS MADE				AGGREGATE	\$	
	DEDUCTIBLE					\$	
	RETENTION \$		1		WC STATU- OTH-	3	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under	7749	06/29/03	01/01/04	TORY LIMITS ER EL EACH ACCIDENT EL DISEASE - EA EMPLOYEE	\$ 3000000 \$ 3000000	
********	SPECIAL PROVISIONS below OTHER		1	1	E.L. DISEASE - POLICY LIMIT	\$ 3000000	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

REVISED CERTIFICATE

CERTIFICATE HOLDER		CANCELLATION
	CUMVA-6	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
		DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN
		NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL
CUMBERLAND VALLEY ELECTRIC P O BOX 440		IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR
CDAY KY 40734		REPRESENTATIVES.

GRAY KY 40734

AUTHORIZED REPRESENTATIVE

Corey Freeman

ACORD. CERTIFICATE OF LIABILITY INSURANCE

CSR CN FIVCC-2 DATE (MM/DD/YYYY) 11/13/03

PRODUCER

Neace Lukens - Bowling Green P.O. Box 51850

Bowling Green KY 42102-6850 Phone: 270-781-8181 Fax: 270-781-3908

INSURED

FIVE C CONSTRUCTION CO., INC. RONNIE COREY 346 TURNER ROAD GRAY KY 40734

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURER	S AFFORDING COVERAGE	NAIC#
INSURER A:	USF Insurance	
INSURER B	Acuity	14184
INSURER C:	Associated General Contra	actors
INSURER D:		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR A		POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	rs
	GENERAL LIABILITY		i	/ /	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1000000
A	X COMMERCIAL GENERAL LIABILITY	TSR100150	09/13/03	09/13/04	PREMISES (Ea occurence)	\$ 50000
	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$
	1				PERSONAL & ADV INJURY	\$ 1000000
					GENERAL AGGREGATE	\$ 2000000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2000000
	POLICY PRO- JECT LOC		!			
В	AUTOMOBILE LIABILITY X ANY AUTO	K21506	07/23/03	07/23/04	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
	ALL OWNED AUTOS		,,		2001 4 11 11 104	
	SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	HIRED AUTOS			; 	BODILY INJURY (Per accident)	 s !
					PROPERTY DAMAGE (Per accident)	\$
!	GARAGE LIABILITY		!	!	AUTO ONLY - EA ACCIDENT	\$
	ANY AUTO				OTHER THAN EA ACC AUTO ONLY: AGG	
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	OCCUR CLAIMS MADE				AGGREGATE	\$
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Ì	DEDUCTIBLE					\$
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C	EMPLOYERS' LIABILITY	7749	06/29/03	01/01/04		s 3000000
	ANY PROPRIETOR/PARTNER/EXECUTIVE DEFFICER/MEMBER EXCLUDED?				E L DISEASE - EA EMPLOYEE	\$ 3000000
1	yes, describe under SPECIAL PROVISIONS below		İ	1	E.L. DISEASE - POLICY LIMIT	\$ 3000000
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INSURER E:

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

REVISED CERTIFICATE

CERTIFICATE HOLDER

CANCELLATION

CUMVA-6

CUMBERLAND VALLEY ELECTRIC P O BOX 440 GRAY KY 40734 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

S. Corey Freeman

CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) ACORD FIVCC-2 11/13/03 PRODUCER THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE Neace Lukens - Bowling Green HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR P.O. Box 51850 ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. Bowling Green KY 42102-6850 Phone: 270-781-8181 Fax: 270-781-3908 INSURERS AFFORDING COVERAGE INSURED INSURER A: USF Insurance 14184 INSURER B: Acuity FIVE C CONSTRUCTION CO., INC. RONNIE COREY 346 TURNER ROAD GRAY KY 40734 INSURER C: Associated General Contractors INSURER D: INSURER E: **COVERAGES** THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY NUMBER TYPE OF INSURANCE LIMITS GENERAL LIABILITY EACH OCCURRENCE \$1000000 DAMAGE TO RENTED PREMISES (Ea occurence) \$ 50000 Α X COMMERCIAL GENERAL LIABILITY TSR100150 09/13/03 09/13/04 CLAIMS MADE X OCCUR MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 100000 s 2000000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ 200000 PRO-JECT POLICY **AUTOMOBILE LIABILITY** COMBINED SINGLE LIMIT s 1000000 (Ea accident) В X ANY AUTO K21506 07/23/03 07/23/04 ALL OWNED AUTOS BODILY INJURY (Per person) SCHEDULED AUTOS HIRED AUTOS **BODILY INJURY** NON-OWNED AUTOS (Per accident) PROPERTY DAMAGE (Per accident) GARAGE LIABILITY AUTO ONLY - EA ACCIDENT \$ ANY AUTO EA ACC \$ OTHER THAN AUTO ONLY: AGG \$ **EXCESS/UMBRELLA LIABILITY** EACH OCCURRENCE \$ CLAIMS MADE AGGREGATE DEDUCTIBLE RETENTION WC STATU-WORKERS COMPENSATION AND TORY LIMITS ER **EMPLOYERS' LIABILITY** 06/29/03 7749 01/01/04 EL EACH ACCIDENT \$ 3000000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E L. DISEASE - EA EMPLOYEE \$ 300000 If yes, describe under SPECIAL PROVISIONS below E.L. DISEASE - POLICY LIMIT 1 \$ 300000 OTHER

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

REVISED CERTIFICATE*

CERTIF	ICATE HO	LDER

CANCELLATION

CUMVA-6

CUMBERLAND VALLEY ELECTRIC P O BOX 440 GRAY KY 40734

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AUTHORIZED REPRESENTATIVE

Corey Freeman

	AC	Q/	RD_{x}	С	ERT	TFIC	CATE OF LIABIL	ITY INS	URANC	E CSR CN FIVCC-2	DATE (MM/DD/YYYY) 11/05/03
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							DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MALO DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO S				
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		•	GKAY	KY	40734	t		AUTHORIZED RE			
								S. Corey	Freeman		
C	ORD	25	(2001/	08)						© ACORD	CORPORATION 1

P.O. Box 440

Gray, Kentucky 40734

CUMBERLAND VALLEY ELECTRIC

Telephone: (606) 528-2677

(606) 546-9295 (606) 589-4421

FAX: (606) 528-8458

P.O. Box C Cumberland, Kentucky, 40823

November 16, 2004

Five C Construction Company Ronnie Corey 346 Turner Road Gray, KY 40734

Dear Mr. Corey:

At Cumberland Valley Electric's November 2004 board meeting, you were the successful bidder on line construction for the years of 2005-2006. You will find enclosed an original and two (2) copies of the contract and Hold Harmless Agreement for your execution. Please return the original and one (1) copy of the contract and Hold Harmless Agreement to me and retain one (1) copy for your files.

Should work become slow in 2005-2006 you are subject to get laid off due to lack of work.

Sincerely,

P.O. Box 440

Gray, Kentucky 40734

CUMBERLAND VALLEY ELECTRIC

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(606) 589-4421

FAX: (606) 528-8458

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Sincerely,

Ted Hampton, Manager

Lea Dangeon

2004/03/1512:46:33 Crump Neace Lukens

NEACE

LUKENS

MS. FOLEY

Company: CUMBERLAND VALLEY

Fax

To

606-523-2698

Phone

From:

Nicole Crumn

Direct #

Email:

ncrump@neaccgroup.com

Date:

3/15/2004

Pages:

Reference: CERT OF INS

www.neacelukens.com

888-824-1842

Neace Lukens

1919 Scottsville Road

Toll Free (888) 824-1842

Fax (270) 781-3908

Bowling Green, KY 42012 Phone (270) 781-8181

MS. FOLEY-

ATTACHED IS A CERTFICATE OF INSURANCE FOR FIVE C CONSTRUCTION SHOWING THEIR GL AND WORK COMP COVERAGE. IF YOU NEED ANYTHING ELSE, PLEASE LET ME KNOW.

THANKS!

Vision Innovation Integrity Leadership



Confidentiality Notice: The facsimile transmission, including any anachments, is for the sole use of the intended recipientis) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient(s), please contact the sender and destroy all copies of the original facsimile.

NEAGE

LUKENS

To: MS. FOLEY

Company: CUMBERLAND VALLEY

Fax:

606-523-2698

Phone:

Nicole Crumo

Direct: # 888-824-1842

From: Email:

ncrump@neacegroup.com

Date:

3/15/2004

Pages: 2

Reference: CERT OF INS

CC:

www.ncacclukens.com

Neace Lukens

1919 Scottsville Road

Toll Free (888) 824-1842

Fax (270) 781-3908

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7

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A

X

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DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE

03/15 13:29 915065463050 00:00:42 02 OK STANDARD ECM

CUMBERLAND VALLEY RURAL ELECTRIC COOPERATIVE CORPORATION

P O BOX 440 GRAY, KENTUCKY 40734

TELEPHONE: (606) 528-2677 FAX: (606) 528-8458

DATE: 3/15/04 TIME: 1:30 P.M PLEASE DELIVER THE FOLLOWING PAGES TO: NAME: Pat Hauser FAX: 546-3050
COMPANY:
CITY:STATE:
CITY: STATE: FROM: Ted
TOTAL NO. OF PAGES, INCLUDING THIS PAGE
SUBJECT MATTER/EXPLANATION OF TRANSMITTED MATERIAL:

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